

When this form is completed by the offeror, the restriction on disclosure of data stated below shall apply.

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Preaward Survey of Prospective Contractor Safety

Company Name:

Date:

RFQ or Subcontract Number

Title

1. List your firm's Workmen's Compensation Experience Modification Rate (EMR) for the current period (calendar year to-date) and the previous three year period.

Rate Type: Interstate ____, Intrastate ____, Monopolistic State ____

Insurance Carrier: _____

2. Complete the following table for the indicated 3 annual periods using U. S. Bureau of Labor Statistics Guidelines to determine recordability and lost workdays from company OSHA 200 logs.

Year	19____	19____	19____	3-Year-Average
Experience Modification Rate				
Total Recordable Injury/Illness Case Rate				
Lost Workday Case Rate				

Preaward Statistical Standards

Experience Modification Rate	1.00	The "EMR" is a number which is assigned to your company based on the insurance premium you pay and your loss statistics. If you do not have this number, contact your insurance company. If your company has not been assigned an EMR number, please indicate "N/A".
Total Recordable Injury/Illness Case Rate [US BLS (1995)] (see Company OSHA 200 log, col. 1,2 & 6)	10.6	$\frac{\text{Total Recordable Incidents} \times 200,000}{\text{Total Employee Hours Worked}} = \text{Rate}$
Lost Workday Case Rate US BLS (1995) (see Company OSHA 200 log, col. 2)	4.9	$\frac{\text{Total Lost Work Day Cases} \times 200,000}{\text{Total Employee Hours Worked}} = \text{Rate}$